

POSITION	INITIALS	ID NO.
FEE DETERMINATION		
O.I.P.E. CLASSIFIER		
FORMALITY REVIEW		

# INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted

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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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